

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90002 015 ***550.00

DOCUMENT # P97000020134

1. Corporation Name

GROUP 6 VENTURES, INC.



Principal Place of Business

**380 W BRAINERD STREET
PENSACOLA FL 32501**

Mailing Address

**4956 SOUNDSIDE AVE
GULF BREEZE FL 32561
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1997

4. FEI Number

59-3441021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CAMPBELL, JAMES S
3 W GARDEN STREET STE 700
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D LAUER, DAVE**
STREET ADDRESS **3555 DUNFRIES RD**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ DELETE

NAME **ABBOT, FRANK**
STREET ADDRESS **4542 MENEWA PATH**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ DELETE

NAME **D WILKINS, KEITH**
STREET ADDRESS **380 W BRAINERD STREET**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ DELETE

NAME **D BAXTER, CHRIS**
STREET ADDRESS **3321 PALMIRA DR**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ DELETE

NAME **D ADKISON, SHANE**
STREET ADDRESS **4956 SOUNDSIDE DR**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ DELETE

NAME **D HEATHERINGTON, PAUL**
STREET ADDRESS **1918 SECLUSION DRIVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32124**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Shane Adkison* **SHANE ADKISON**

9-7-99

850-934-9810

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CR2E034 (5/99)